

LUTHER PARK BIBLE CAMP REGISTRATION & HEALTH FORM

Completed form must be signed by parent/guardian and camper.
A \$125 deposit is REQUIRED for registration.

Camper Name _____ Age ____ Sex ____ Birthdate _____ Grade Completed ____ Email _____

Camp Date: 1st Choice June 26 Cabinmate _____; Date for 1/2 off 2nd Week N/A Cabinmate N/A

Registering for: Cabin 3 Night Cabin Treehouse - Night Owl Treehouse - All God's Critters
 Sailing Camp on Lake Superior Great Lakes Mission Trip Leadership Training Intensive

Congregation: Good Shepherd Lutheran City Inver Grove Heights Amount paid by church _____

Transportation: (check one)

I will **All campers will be taking a bus leaving from the Good Shepherd parking lot on Sunday, June 26**

Parents will be responsible for picking up their child at camp on Friday, July 1. We will provide a carpool list for families who would like to carpool on Friday

Amount & Method of Payment: Amount: \$ _____ Check/Money Order: **Made Payable to Good Shepherd**

Custodial Parent(s) Guardian(s) _____ Home Phone (_____) _____

Address _____ City _____ State ____ Zip _____ Work Phone (_____) _____

Second Parent(s) Guardian(s) _____ Home Phone (_____) _____

Address _____ City _____ State ____ Zip _____ Work Phone (_____) _____

Parent Email _____ **Emergency contact/phone:** _____

INSURANCE INFORMATION:

(Please send copies of both sides of camper's insurance cards.)

Policy Holder _____ Employer _____ **Birth date of Policy Holder** _____

Insurance Co. _____ Insur. Co. Phone _____ Insur. Co. Address _____

Group No. _____ Policy/ID No. _____ Family Doctor/Phone _____

Immunization Dates: _____ **Tetanus Booster (must have date)** _____ DPT Permanent Shots _____ MMR _____ Tuberculin

Conditions: Asthma _____ Epilepsy _____ Diabetes _____ Heart Trouble _____ Other _____

Allergies: Insect Stings _____ Hay Fever _____ Penicillin _____ Other Drugs _____ Other _____

____ This person takes NO medications on a routine basis. ____ This person takes medication as follows: _____

Special Needs Campers: (dietary, health restrictions, mobility limitations, diabetes, seizures, etc.) please list:

My child has permission to engage in all camp activities, except as noted by myself and the examining physician. In the event I cannot be reached in an emergency, I give permission to the physician selected by the Camp Director to hospitalize, secure proper treatment for, to order injection, anesthesia or surgery for my child as named above. I voluntarily waive any claim against the sponsoring institution, local churches and camp personnel for any mishap or lost articles, or any and all causes which may arise in connection with activities of the above organization. I understand that unless I provide separate written notice, photos taken of my child at camp may be used for camp-approved publications. My child and I have read the Luther Park Code of Conduct and agree to follow it. Inability to follow the Code of Conduct gives Luther park the right to send the camper home without refund at the expense of the camper's parent/guardian.

Signed: Parent _____ **Camper** _____ **Date** _____